Please	type	a plus	sign (+)	inside	this	box	→	T
--------	------	--------	----------	--------	------	-----	---	---

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(use es many sheets as necessary)

Sheet 1 of 1 Attorney Docket Number

C mpl t if Known

Application Number

Filling Date

First Named Inventor

Group Art Unit

Examiner Name

IJ1-001US

U.S. PATENT DOCUMENTS								
xaminer nitials	Cite No.1	U.S. Patent Document  Number  Kind Code <sup>2</sup> (If known)		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Refevant Passages or Relevant Figures Appear		
VH-		5,187,637		Embree	02/16/1993			
		5,587,869		Azumi et al.	12/24/1996			
1		5.926.064		Hariton	07/20/1999			
		6,137,153		Le et al.	10/24/2000			
V		6,262,469		Le et al.	07/17/2001			
1411		S/N 10/143.557	,	Hyde et al. (Assignee - Inpinj)	05/09/2002			
`								
			$\bot$					
			-					
			-	<u> </u>				
			$\perp$					
			-	·				
			_					
$\longrightarrow$			$\bot$					
			1 1		Į l			

				FORE	IGN PATENT DOCUMEN	TS		
Examiner Initials*	011-	Foreign Patent Document			Name of Patentee or	Date of Publication of	Pages, Columns, Lines,	T
	Cite No.1	Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>s</sup> (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear	76
		<u> </u>				<u> </u>		L
						<u> </u>		
-								
								$\perp$
-		<del>} </del>				ļ		╄
				<del></del>			<u> </u>	╄
-		<del>                                     </del>	<del></del>					╄
-		<del>                                     </del>			"	<del>                                     </del>	<del></del>	┿
$\overline{}$		<del>                                     </del>	<del></del>	<del></del>			· · · · · · · · · · · · · · · · · · ·	₩

Examiner Signature		mel	$\sim$	Date Considered	6	rel.	04	
	V							

\*EXAMINER: Initial if reference considered, whether or not sitation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WiPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WiPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.